



CS 1/30

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Okabayashi	Neal	K.	525-5785
MAILING ADDRESS (Street)			FAX
999 Bishop Street			525-5025
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
First Hawaiian Bank			525-5785
MAILING ADDRESS (Street)			FAX
999 Bishop Street			525-5025
(City)	(State)	(Zip Code)	
Honolulu	HI	96816	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
First Hawaiian Bank		525-5785
MAILING ADDRESS (Street)		FAX
999 Bishop Street		525-5025
(City)	(State)	(Zip Code)
Honolulu	HI	96816
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Neal Okabayashi		525-5785
MAILING ADDRESS (Street)		FAX
999 Bishop Street		525-5025
(City)	(State)	(Zip Code)
Honolulu	HI	96816

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input checked="" type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                          | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                                    | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input checked="" type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

Neal V. S.  
(Signature of Lobbyist)

1/26/07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Neal Okabayashi	Vice President

NAME OF ORGANIZATION (if applicable)

First Hawaiian Bank

TELEPHONE

525-5785

MAILING ADDRESS (Street)

999 Bishop Street

FAX

525-5025

(City)

Honolulu

(State)

HI

(Zip Code)

96816

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

Neal V. S.  
(Signature of Authorizing Officer or Person Represented)

1/26/07

(Date)